
State:	District of Columbia	Filing Company:	Diamond State Insurance Company
TOI/Sub-TOI:	20.0 Commercial Auto/20.0001 Business Auto		
Product Name:	Commercial Automobile		
Project Name/Number:	DEC Page DAD-100 05/2015/DSIC-2015-CA-F-825		

Filing at a Glance

Company:	Diamond State Insurance Company
Product Name:	Commercial Automobile
State:	District of Columbia
TOI:	20.0 Commercial Auto
Sub-TOI:	20.0001 Business Auto
Filing Type:	Form
Date Submitted:	09/04/2015
SERFF Tr Num:	PENN-130229688
SERFF Status:	Submitted to State
State Tr Num:	
State Status:	
Co Tr Num:	DSIC-2015-CA-F-825
Effective Date	01/01/2016
Requested (New):	
Effective Date	01/01/2016
Requested (Renewal):	
Author(s):	Shelisa Towles
Reviewer(s):	
Disposition Date:	
Disposition Status:	
Effective Date (New):	
Effective Date (Renewal):	

State:	District of Columbia	Filing Company:	Diamond State Insurance Company
TOI/Sub-TOI:	20.0 Commercial Auto/20.0001 Business Auto		
Product Name:	Commercial Automobile		
Project Name/Number:	DEC Page DAD-100 05/2015/DSIC-2015-CA-F-825		

General Information

Project Name: DEC Page DAD-100 05/2015	Status of Filing in Domicile: Pending
Project Number: DSIC-2015-CA-F-825	Domicile Status Comments:
Reference Organization:	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 09/04/2015	
State Status Changed:	Deemer Date:
Created By: Shelisa Towles	Submitted By: Shelisa Towles
Corresponding Filing Tracking Number:	

Filing Description:

Diamond State Insurance Company has recently moved its headquarters from Munster, Indiana to Indianapolis, Indiana. As a result of this change, we request approval to amend the DSIC's Commercial Auto Policy Declaration Pages to reflect the amended domicile city of the Diamond State Insurance Company. DSIC would like to implement the revised declarations pages with a policy effective date of 1/1/16.

The declaration page to be amended is: DAD 100 (05/2015) – Commercial Auto Declaration Page

Company and Contact

Filing Contact Information

Shelisa Waller, State Filing Analyst	swaller@uai-group.com
Three Bala Plaza East	610-747-1035 [Phone]
Suite 300	610-660-8882 [FAX]
Bala Cynwyd, PA 19004	

Filing Company Information

Diamond State Insurance Company	CoCode: 42048	State of Domicile: Indiana
Three Bala Plaza, East	Group Code: 920	Company Type:
Suite 300	Group Name:	State ID Number:
Bala Cynwyd, PA 19004	FEIN Number: 51-0257823	
(610) 660-6825 ext. [Phone]		

Filing Fees

Fee Required?	No
Retaliatory?	No
Fee Explanation:	

State:	District of Columbia	Filing Company:	Diamond State Insurance Company
TOI/Sub-TOI:	20.0 Commercial Auto/20.0001 Business Auto		
Product Name:	Commercial Automobile		
Project Name/Number:	DEC Page DAD-100 05/2015/DSIC-2015-CA-F-825		

Form Schedule

Item No.	Schedule Item Status	Form Name	Form Number	Edition Date	Form Type	Form Action	Action Specific Data		Readability Score	Attachments
1		Business Auto Coverage Form Declarations	DAD-100	05/2015	DEC	Replaced	Previous Filing Number:	PENN-125851397	0.000	DAD100 05.15.pdf
							Replaced Form Number:	DAD-100 (08/2008)		

Form Type Legend:

ABE	Application/Binder/Enrollment	ADV	Advertising
BND	Bond	CER	Certificate
CNR	Canc/NonRen Notice	DEC	Declarations/Schedule
DSC	Disclosure/Notice	END	Endorsement/Amendment/Conditions
ERS	Election/Rejection/Supplemental Applications	OTH	Other

COMMERCIAL AUTO COVERAGE PART **BUSINESS AUTO COVERAGE FORM DECLARATIONS**



Policy No. .

Renewal of:

Policy Period From 12:01 AM:

To 12:01 AM

(standard time at the address of the
Named Insured as stated herein)

ITEM ONE:

Named Insured and Mailing Address

Producer Name and Address: Producer Code:

Business Description:

Form of Business: ☐ Individual ☐ Partnership ☐ Corporation ☐ Limited Liability Company ☐ Other _____

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos." "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES		COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form shows which autos are covered autos)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY			\$	\$
PERSONAL INJURY PROTECTION (P.I.P.)††			SEPARATELY STATED IN EACH P.I.P. END. MINUS \$ Deductible	\$
ADDED P.I.P. (or equivalent added No-fault cov.)			SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT	\$
PROPERTY PROTECTION INS. (Michigan only)			SEPARATELY STATED IN THE P.I.P. ENDORSEMENT MINUS \$ Deductible FOR EACH ACCIDENT	\$
AUTO MEDICAL PAYMENTS			\$	\$
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (VIRGINIA ONLY)			SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT	\$
UNINSURED MOTORISTS (UM)			\$	\$
UNDERINSURED MOTORISTS (when not included in UM Cov.)			\$	\$
PHYSICAL DAMAGE	COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR WHICH EVER IS LESS MINUS \$ Ded. FOR EACH COVERED AUTO, BUT NO DED. APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. †††	\$
	SPECIFIED CAUSES OF LOSS COVERAGE		\$25 Deductible FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM †††	\$
	COLLISION COVERAGE		\$ Deductible FOR EACH COVERED AUTO †††	\$
	TOWING AND LABOR (Not applicable in California)		\$ for each disablement of a private passenger auto	\$
FORMS AND ENDORSEMENTS APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE †.				PREMIUM FOR ENDORSEMENTS/TERRORISM \$
REFER TO SAA 100 (8-98) FOR LIST				State Surcharges/Assessments †††† \$
				ESTIMATED TOTAL PREMIUM \$
IF YOU PURCHASED COLLISION COVERAGE FOR HIRED "AUTOS", THAT COVERAGE WOULD APPLY TO VEHICLES YOU RENT				
This Policy may be subject to final audit.		Premium shown is Payable: \$ at inception.		

†† (or equivalent No-fault cov.) ††† See ITEM FOUR for hired or borrowed "autos."

†††† See endorsement IL1201 for state details

ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION				PURCHASED			TERRITORY		
	Year Model; Trade Name; Body Type Serial Number (S); Vehicle Identification Number (VIN)				Original Cost New	Actual Cost &	NEW (N) USED (U)	Town & State Where the Covered Auto Will Be Principally Garaged		
1					\$	\$				
2					\$	\$				
3					\$	\$				
4					\$	\$				
5					\$	\$				
Covered Auto No.	CLASSIFICATION							Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss		
	Radius of Operation (In Miles)	Business use s = service r = retail c = commercial	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor			Code
					Liab.	Phy. Damage				
1										
2										
3										
4										
5										

Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss

*Entry optional if shown in Common Policy Declarations.

†Forms and Endorsements applicable to this Coverage Part omitted if shown elsewhere in the policy.

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

Date and Place of Issue:

Countersigned by (authorized Agent)

POLICY NUMBER:

BUSINESS AUTO COVERAGE FORM DECLARATIONS (Continued)**ITEM THREE (Cont'd)**

COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES														(Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding ITEM TWO column applies instead)				
Covered Auto No.	LIABILITY		P.I.P.		ADDED P.I.P.	P.P.I. (Mich. only)		AUTO. MED. PAY.		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (VIRGINIA ONLY)		COMPREHENSIVE	SPEC. OF LOSS CAUSES	COLLISION		TOWING & LABOR		
	Limit	Premium	Limit* minus deductible shown below	Premium	Limit* Premium	Limit* minus deductible shown below	Premium	Limit	Premium	Separately Stated In Each Medical Expense And Income Loss Benefits Endorsement	Premium	Limit** minus deductible shown below	Premium	Limit** Premium	Limit** minus deductible shown below	Premium	Limit per disablement	Premium
1																		
2																		
3																		
4																		
5																		
Total Premium			XXX			XXX		XXX		XXX		XXX		XXX		XXX		XXX

Add'l Coverage(s) - Premium, Limit, Deductible: *Limit stated in each applicable P.I.P. or P.P.I. Endorsement. **Limit stated in **ITEM TWO**.

ITEM FOUR - SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS. LIABILITY COVERAGE - RATING BASIS, COST OF HIRE

STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	FACTOR (IF LIAB. COV. IS PRIMARY)	PREMIUM
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$
TOTAL PREMIUM				\$

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or employees or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

PHYSICAL DAMAGE COVERAGE

COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY, DEDUCTIBLE		ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE OR	MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING	\$	\$	\$
SPECIFIED CAUSES OF LOSS	COST OF REPAIRS	MINUS \$25 DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM	\$	\$	\$
COLLISION	WHICHEVER IS LESS	MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO	\$	\$	\$
TOTAL PREMIUM					\$

ITEM FIVE - SCHEDULE FOR NON-OWNERSHIP LIABILITY

NAMED INSURED'S BUSINESS	RATING BASIS	NUMBER	PREMIUM
Other than a Social Service Agency	Number of Employees		\$
	Number of Partners		\$
Social Service Agency	Number of Employees		\$
	Number of Volunteers		\$
TOTAL PREMIUM			\$

ITEM SIX - SCHEDULE FOR GROSS RECEIPTS OR MILEAGE BASIS - LIABILITY COVERAGE - PUBLIC AUTO OR LEASING RENTAL CONCERNS

Estimated Yearly <input type="checkbox"/> Gross Receipts <input type="checkbox"/> Mileage	RATES		PREMIUM	
	<input type="checkbox"/> Per \$100 of Gross Receipts <input type="checkbox"/> Per Mile		LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS
	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS		
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
TOTAL PREMIUMS			\$	\$
MINIMUM PREMIUMS			\$	\$

When used as a premium basis:

FOR PUBLIC AUTOS

Gross Receipts means the total amount to which you are entitled for transporting passengers, mail or merchandise during the policy period regardless of whether you or any other carrier originate the transportation. Gross Receipts does not include:

- Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- Advertising Revenue.
- Taxes which you collect as a separate item and remit directly to a governmental division.
- C.O.D. collections for cost of mail or merchandise including collection fees.

Mileage means the total live and dead mileage of all revenue producing units operated during the policy period.

FOR RENTAL OR LEASING CONCERNS

Gross Receipts means the total amount to which you are entitled for the leasing or rental of "autos" during the policy period and includes taxes except those taxes which you collect as a separate item and remit directly to a governmental division.

Mileage means the total of all live and dead mileage developed by all the "autos" you leased or rented to others during the policy period.

State:	District of Columbia	Filing Company:	Diamond State Insurance Company
TOI/Sub-TOI:	20.0 Commercial Auto/20.0001 Business Auto		
Product Name:	Commercial Automobile		
Project Name/Number:	DEC Page DAD-100 05/2015/DSIC-2015-CA-F-825		

Supporting Document Schedules

Bypassed - Item:	Readability Certificate
Bypass Reason:	Requirement dos not apply.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Consulting Authorization
Bypass Reason:	Requirement does not apply.
Attachment(s):	
Item Status:	
Status Date:	

Bypassed - Item:	Copy of Trust Agreement
Bypass Reason:	Requirement does not apply.
Attachment(s):	
Item Status:	
Status Date:	

Satisfied - Item:	Side by Side Comparrison
Comments:	
Attachment(s):	SidebySide DAD100 08. 08 - DAD100 05.15.pdf
Item Status:	
Status Date:	

Summary
9/2/2015 11:15:27 AM

Differences exist between documents.

New Document:

[DAD100 05.15](#)

2 pages (554 KB)

9/2/2015 11:15:21 AM

Used to display results.

Old Document:

[DAD100 08.08](#)

2 pages (37 KB)

9/2/2015 11:15:17 AM


[Get started: first change is on page 1.](#)

No pages were deleted

How to read this report

Highlight indicates a change.

Deleted indicates deleted content.

 indicates pages were changed.

 indicates pages were moved.

COMMERCIAL AUTO COVERAGE PART
BUSINESS AUTO COVERAGE FORM DECLARATIONS



Policy No. _____ Renewal of: _____

Policy Period From 12:01 AM: _____ To 12:01 AM: _____ (standard time at the address of the Named Insured as stated herein)

ITEM ONE:

Named Insured and Mailing Address

Producer Name and Address: Producer Code: _____

Business Description:

Form of Business: ☐ Individual ☐ Partnership ☐ Corporation ☐ Limited Liability Company ☐ Other _____

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos." "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form next to the name of the coverage.

COVERAGES		COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form shows which autos are covered autos)	LIMIT THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS		PREMIUM
LIABILITY					\$
PERSONAL INJURY PROTECTION (P.I.P.)††			SEPARATELY STATED IN EACH P.I.P. END. MINUS \$ Deductible		\$
ADDED P.I.P. (or equivalent added No-fault cov.)			SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT		\$
PROPERTY PROTECTION INS. (Michigan only)			SEPARATELY STATED IN THE P.I.P. ENDORSEMENT MINUS \$ Deductible FOR EACH ACCIDENT		\$
AUTO MEDICAL PAYMENTS			\$		\$
MEDICAL EXPENSE AND INCOME LOSS BENEFITS (VIRGINIA ONLY)			SEPARATELY STATED IN EACH MEDICAL EXPENSE AND INCOME LOSS BENEFITS ENDORSEMENT		\$
UNINSURED MOTORISTS (UM)			\$		\$
UNDERINSURED MOTORISTS (when not included in UM Cov.)			\$		\$
PHYSICAL DAMAGE	COMPREHENSIVE COVERAGE		ACTUAL CASH VALUE OR COST OF REPAIR WHICHEVER IS LESS MINUS	\$ Ded. FOR EACH COVERED AUTO, BUT NO DED. APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING. †††	\$
	SPECIFIED CAUSES OF LOSS COVERAGE			\$25 Deductible FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM †††	\$
	COLLISION COVERAGE			\$ Deductible FOR EACH COVERED AUTO †††	\$
	TOWING AND LABOR (Not applicable in California)			\$ for each disablement of a private passenger auto	\$
FORMS AND ENDORSEMENTS APPLYING TO THIS COVERAGE PART AND MADE PART OF THIS POLICY AT TIME OF ISSUE †.				PREMIUM FOR ENDORSEMENTS/TERRORISM	\$
				State Surcharges/Assessments ††††	\$
REFER TO SAA 100 (8-98) FOR LIST				ESTIMATED TOTAL PREMIUM	\$
IF YOU PURCHASED COLLISION COVERAGE FOR HIRED "AUTOS", THAT COVERAGE WOULD APPLY TO VEHICLES YOU RENT					
This Policy may be subject to final audit.		Premium shown is Payable: \$ at inception.			

†† (or equivalent No-fault cov.) ††† See ITEM FOUR for hired or borrowed "autos."

†††† See endorsement IL1201 for state details

ITEM THREE - SCHEDULE OF COVERED AUTOS YOU OWN

Covered Auto No.	DESCRIPTION		PURCHASED		TERRITORY	
	Year Model; Trade Name; Body Type	Serial Number (S); Vehicle Identification Number (VIN)	Original Cost New	Actual Cost & NEW (N) USED (U)	Town & State Where the Covered Auto Will Be Principally Garaged	
1			\$	\$		
2			\$	\$		
3			\$	\$		
4			\$	\$		
5			\$	\$		

Covered Auto No.	Radius of Operation (In Miles)	Business use s = service r = retail c = commercial	Size GVW, GCW or Vehicle Seating Capacity	Age Group	Primary Rating Factor		Secondary Rating Factor	Code	Except for towing all physical damage loss is payable to you and the loss payee named below as interests may appear at the time of the loss
					Liab.	Phy. Damage			
1									
2									
3									
4									
5									

*Entry optional if shown in Common Policy Declarations.

†Forms and Endorsements applicable to this Coverage Part omitted if shown elsewhere in the policy.

THESE DECLARATIONS ARE PART OF THE POLICY DECLARATIONS CONTAINING THE NAME OF THE INSURED AND THE POLICY PERIOD.

Date and Place of Issue:

Countersigned by (authorized Agent)

POLICY NUMBER: _____

BUSINESS AUTO COVERAGE FORM DECLARATIONS (Continued)**ITEM THREE (Cont'd)**COVERAGES - PREMIUMS, LIMITS AND DEDUCTIBLES (Absence of a deductible or limit entry in any column below means that the limit or deductible entry in the corresponding **ITEM TWO** column applies instead)

	LIABILITY		P.I.P.		ADDED P.I.P.	P.P.I. (Mich. only)		AUTO. MED. PAY.		MEDICAL EXPENSE AND INCOME LOSS BENEFITS (VIRGINIA ONLY)	COMPREHENSIVE	SPEC. OF LOSS CAUSES	COLLISION		TOWING & LABOR	
Covered Auto No.	Limit	Premium	Limit* minus deductible shown below	Premium	Limit*	minus deductible shown below	Premium	Limit	Premium	Separately Stated In Each Medical Expense And Income Loss Benefits Endorsement	Limit* minus deductible shown below	Premium	Limit** minus deductible shown below	Premium	Limit per disablement	Premium
1																
2																
3																
4																
5																
Total Premium		XXX				XXX		XXX		XXX		XXX		XXX		XXX

Add Coverage(s) - Premium, Limit, Deductible:

*Limit stated in each applicable P.I.P. or P.P.I. Endorsement.

Limit stated in **ITEM TWO.**ITEM FOUR - SCHEDULE OF HIRED OR BORROWED COVERED AUTO COVERAGE AND PREMIUMS. LIABILITY COVERAGE - RATING BASIS, COST OF HIRE**

STATE	ESTIMATED COST OF HIRE FOR EACH STATE	RATE PER EACH \$100 COST OF HIRE	FACTOR (IF LIAB. COV. IS PRIMARY)	PREMIUM
	\$	\$		\$
	\$	\$		\$
	\$	\$		\$

Cost of hire means the total amount you incur for the hire of "autos" you don't own (not including "autos" you borrow or rent from your partners or employees or their family members). Cost of hire does not include charges for services performed by motor carriers of property or passengers.

TOTAL PREMIUM \$

PHYSICAL DAMAGE COVERAGE

COVERAGES	LIMIT OF INSURANCE THE MOST WE WILL PAY, DEDUCTIBLE	ESTIMATED ANNUAL COST OF HIRE	RATE PER EACH \$100 ANNUAL COST OF HIRE	PREMIUM
COMPREHENSIVE	ACTUAL CASH VALUE OR MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO, BUT NO DEDUCTIBLE APPLIES TO LOSS CAUSED BY FIRE OR LIGHTNING	\$	\$	\$
SPECIFIED CAUSES OF LOSS	COST OF REPAIRS MINUS \$25 DEDUCTIBLE FOR EACH COVERED AUTO FOR LOSS CAUSED BY MISCHIEF OR VANDALISM WHICHEVER IS LESS	\$	\$	\$
COLLISION	MINUS \$ DEDUCTIBLE FOR EACH COVERED AUTO	\$	\$	\$
TOTAL PREMIUM				\$

ITEM FIVE - SCHEDULE FOR NON-OWNERSHIP LIABILITY

NAMED INSURED'S BUSINESS	RATING BASIS	NUMBER	PREMIUM
Other than a Social Service Agency	Number of Employees		\$
	Number of Partners		\$
Social Service Agency	Number of Employees		\$
	Number of Volunteers		\$
TOTAL PREMIUM			\$

ITEM SIX - SCHEDULE FOR GROSS RECEIPTS OR MILEAGE BASIS - LIABILITY COVERAGE - PUBLIC AUTO OR LEASING RENTAL CONCERNS

Estimated Yearly <input type="checkbox"/> Gross Receipts <input type="checkbox"/> Mileage	RATES		PREMIUM	
	<input type="checkbox"/> Per \$100 of Gross Receipts <input type="checkbox"/> Per Mile			
	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS	LIABILITY COVERAGE	AUTO MEDICAL PAYMENTS
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
	\$	\$	\$	\$
When used as a premium basis:		TOTAL PREMIUMS	\$	\$
FOR PUBLIC AUTOS		MINIMUM PREMIUMS	\$	\$

Gross Receipts means the total amount to which you are entitled for transporting passengers, mail or merchandise during the policy period regardless of whether you or any other carrier originate the transportation. Gross Receipts does not include:

- Amounts you pay to railroads, steamship lines, airlines and other motor carriers operating under their own ICC or PUC permits.
- Advertising Revenue.
- Taxes which you collect as a separate item and remit directly to a governmental division.
- C.O.D. collections for cost of mail or merchandise including collection fees.

Mileage means the total live and dead mileage of all revenue producing units operated during the policy period.

FOR RENTAL OR LEASING CONCERNS

Gross Receipts means the total amount to which you are entitled for the leasing or rental of "autos" during the policy period and includes taxes except those taxes which you collect as a separate item and remit directly to a governmental division.

Mileage means the total of all live and dead mileage developed by all the "autos" you leased or rented to others during the policy period.